## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Ext. (571)-273-2880

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondenced including the Platest, advance orders and notification of maintenance fees will be made to the current correspondence address as address, as a direct of thereties in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Customer Number 22801 Lee & Hayes PLLC 601 W Riverside Ave Suite 1400 Spokane, WA 99201

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPIO (571) 273-2885, on the date indicated below.

N/A Filed via EFS -WEB	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,572	3/31/2004	Ilya Mironov	MS1 - 1921US	9406
TITLE OF INVENTION:				

## STREAM CIPHER DESIGN WITH REVOLVING BUFFERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	1510	300		1810	03/10/2009	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
Joseph	T Pan	2435		•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56).  Change of correspondence address (or Change of Correspondence Address form PTOSB112) attached.  Fee Address' indication (or "Fee Address" Indication form PTOSB147; Rev G-92 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient automotys (2) the names of a single firm (having as a member a registered automy or agent) and the names of up to 2 registered patient automotys or agent and the names is stied, to name with be printed.			PLLC	
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	e)			
PLEASE NOTE: Ur recordation as set for	dess an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee detion of this form is NO	data will appear on the pa T a substitute for filing an	itent. If an assignee is ic assignment.	lentified below, the docu	iment has been filed for	
(A) NAME OF ASSI	(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Microsoft Corpora	tion		Red	mond WA			
Please check the approp	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛭 Corporati	on or other private group	entity Government	
4a. The following fee(s)  ✓ Issue Fee ✓ Publication Fee (l	are submitted:  No small entity discount p		D. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car				

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Dominic S. Lindauer/

Date \_1/9/09

overpayment, to Deposit Account Number

This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and the confidence of the complete of the complet

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

☐ Advance Order - # of Copies

Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name Dominic S. Lindauer

(enclose an extra copy of this form).

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any

■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. 61,417